

VIRGIL C. SUMMER NUCLEAR STATION  
NUCLEAR OPERATIONS PROCEDURES

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EMERGENCY PLAN PROCEDURES

TABLE OF CONTENTS

PROCEDURE NUMBER	PROCEDURE TITLE	REVISION	DATE ISSUED
EPP-001	Activation and Implementation of Emergency Plan	3	9/10/82
EPP-002	Communication and Notification	5	3/14/83
EPP-003	In-Plant Radiological Surveying	2	7/27/82
EPP-004	Out-of-Plant Radiological Surveying	3	7/27/82
EPP-005	Offsite Dose Calculations	3	9/10/82
EPP-007	Environmental Monitoring	1	7/27/82
EPP-008	On-Site Assembly	1	7/27/82
EPP-009	On-Site Medical	2	7/27/82
EPP-010	Personnel/Vehicle Decontamination	2	7/27/82
EPP-011	Personnel Search and Rescue	2	7/27/82
EPP-012	Onsite Personnel Accountability & Evacuation	3	7/27/82
EPP-013	Fire Emergency	2	8/23/82
EPP-014	Toxic Release	1	7/27/82
EPP-015	Natural Emergency (Earthquake, Tornado)	1	7/27/82
EPP-016	Emergency Facilities Activation & Evacuation	2	7/27/82
EPP-017	Post-Recovery and Re-Entry	2	7/27/82
EPP-018	Emergency Training and Drills	1	7/27/82
EPP-019	Emergency Equipment Checklist	3	9/10/82
EPP-020	Emergency Personnel Exposure Control	1	7/27/82

\* Safety Related Procedure

PROCEDURE DEVELOPMENT FORM - A

SAP-139  
ATTACHMENT IV  
PAGE 1 OF 3  
REVISION 0

I. DATE: 3/10/83 PROC. # EPP-020 REV. # 1 CHG. # 1

TITLE: Emergency Personnel Exposure Control

PERMANENT? ☒ RESTRICTED FROM \_\_\_\_\_ TO \_\_\_\_\_ SAFETY RELATED? Yes \_\_\_\_\_ No ☒  
NEW PROC? \_\_\_\_\_ REVISION? \_\_\_\_\_ RESTRICTED CHANGE? \_\_\_\_\_

II. DESCRIPTION: (See Section 6.3.4)

To make procedural changes per attached page.

III. WILL THIS REVISION/CHANGE/NEW PROCEDURE?

1. Represent a change to procedures as described in the FSAR? (50.59 review) \_\_\_\_\_
  2. Represent a test or experiment not described in the FSAR? (50.59 review) \_\_\_\_\_
  3. Requires a change to Technical Specifications? (50.59 review) \_\_\_\_\_
  4. Result in significant increased personnel radiation exposure? (ALARA review) \_\_\_\_\_
- SUMMARY JUSTIFICATION (List FSAR References) (attach additional pages as required):

Yes No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To make procedural requirements consistent with recommendations of Director of Health Physics.

Mark Cant  
(Originator)

V.R. Althoff  
(Evaluated by Discipline Supervisor)

3/14/83  
(Date)

NOTE: If the answer to any of the above questions is "YES" - See Section 6.3.3 of procedure.

IV. A. REQUIRED REVIEW AND COMMENT

SAP	OTHER
( ) Ops	(x) OR (Tech) Sup.
( ) Mnt	(x) Ops
( ) TS	( )
( ) SS	(x) H. P.
( ) QA	( ) QA
( ) QC	( )
( )	( )
( )	(x) K. Beale

B. COMMENTS VIA TELECON

Date	/Time	Person Contacted	COMMENTS
			YES NO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Telecon Originator

REVIEWERS COMMENTS RESOLVED:

V.R. Althoff  
(Discipline Supervisor)

3/14/83  
(Date)

V. FINAL QA REVIEW (As applicable, refer to section IV.A)

NA  
Concurrence

Date

VI. FINAL APPROVAL:

A. Responsible Individual

V.R. Althoff  
Approval/Concurrence

3/15/83  
Date

B. PSRC Review Required: Yes \_\_\_\_\_ No \_\_\_\_\_

NUCLEAR OPERATIONS

COPY No. 157

VII. PSRC REVIEW

A. Reviewed by:

NA  
PSRC CHAIRMAN

Date

Comments: Yes \_\_\_\_\_ No \_\_\_\_\_

B. PSRC Comments Resolved:

NA  
ASSISTANT MANAGER

Date

NA  
PSRC CHAIRMAN

Date

MAR 15 1983

Change these sections to read as follows:

- 4.1.1 Dosimetry should be issued at the Guard House if and only if the Emergency Personnel will enter the Radiation Control Area or as otherwise directed by Health Physics and/or the E.D./I.E.D.
- 4.1.2 Security personnel responsibilities when dosimetry is to be issued;
  - a. Ascertain by asking the vehicle driver if all emergency personnel present are 18 or more years old and are members of the responding fire company/ambulance crew.
  - b. If either answer to the above is no, deny access to the personnel who do not meet these requirements.
  - c. Issue TLD's and pocket dosimeters to each emergency personnel.
  - d. Escort emergency personnel and vehicle to the appropriate location(s) as directed by the E.D./I.E.D.
- 4.1.3 Security personnel responsibilities when dosimetry is not to be issued:
  - a. Perform steps a,b,and d under 4.1.2 above.

Renumber step 4.1.3 to 4.1.4

SOUTH CAROLINA ELECTRIC AND GAS COMPANY

VIRGIL C. SUMMER NUCLEAR STATION

NUCLEAR OPERATIONS

NUCLEAR OPERATIONS

COPY No. ....151.....

EMERGENCY PLAN PROCEDURE

EPP-002

COMMUNICATION AND NOTIFICATION

REVISION 5

FEBRUARY 9, 1983

NON-SAFETY RELATED

Reviewed by:

Mark Counts  
ORIGINATOR (of this revision)

3/3/83  
Date

V. R. Alpert  
DISCIPLINE SUPERVISOR

3/3/83  
Date

Approved:

Ch. Bradham  
PLANT MANAGER

3/3/83  
Date

Date Issued: MAR 14 1983

LIST OF EFFECTIVE PAGES

<u>PAGES</u>	<u>REVISION</u>
1	5
11	5
111	5
1	5
2	5
3	5
4	5
5	5

ATTACHMENTS

Attachment I, Pages 1 & 2	5
Attachment II, Pages 1 & 2	5
Attachment IIIA	5
Attachment IIIB	5
Attachment IIIC	5
Attachment IIID, Pages 1 & 2	5
Attachment IVA, Pages 1 - 4	5
Attachment IVB, Pages 1 - 3	5
Attachment IVC, Pages 1 - 5	5
Attachment V, Pages 1 - 3	5
Attachment VIA	5
Attachment VIB	5
Attachment VIC	5
Attachment VII, Pages 1 & 2	5
Attachment VIII, Pages 1 - 4	5

## TABLE OF CONTENTS

	<u>PAGE</u>
<u>List Of Effective Pages</u>	1
1.0 <u>PURPOSE</u>	1
2.0 <u>REFERENCES</u>	1
3.0 <u>DEFINITIONS</u>	1
4.0 <u>PREREQUISITES</u>	2
5.0 <u>PROCEDURE</u>	2
5.1 Initial Notifications	2
5.2 Notifications for Change of Emergency Classification	2
5.3 Off-site Emergency Services	4
5.4 Follow-up Notifications	4
5.5 Vital Personnel Notification	5
<u>ATTACHMENTS</u>	
Attachment I - Warning Message: Nuclear Facility to State/Local Government Part I	
Attachment IIA - Warning Message: Nuclear Facility to State/Local Government Part II	
Attachment IIIA- Initial Notification-Unusual Event	
Attachment IIIB- Initial Notification - Alert	
Attachment IIIC- Initial Notification-Site Emergency	
Attachment IIID- Initial Notification-General Emergency	
Attachment IVA - NRC One-Hour Notification	
Attachment IVB - ANI Eight-Hour Notification	



TABLE OF CONTENTS (Continued)

Attachment V	- Off-Site Emergency Services
Attachment VIA	- Follow-up Notifications - Alert
Attachment VIB	- Follow-up Notifications - Site Emergency
Attachment VIC	- Follow-up Notifications - General Emergency
Attachment VII	- TSC/OSC Emergency Telephone List
Attachment VIII-	Off-Site Emergency Telephone List

## 1.0 PURPOSE

- 1.1 The purpose of this procedure is to delineate the specific notification requirements for each class of emergency and to provide a method for affecting these notifications.

## 2.0 REFERENCES

- 2.1 "Virgil C. Summer Nuclear Station Radiological Emergency Plan"
- 2.2 NUREG-0654, "Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants"
- 2.3 EPP-001, "Activation and Implementation of the Emergency Plan"
- 2.4 Voluntary Assistance Agreement (by and among Electric Utilities involved in Nuclear Generation) - Article 9 - Transportation of Nuclear Materials; and Emergency Resources Manual, "INPO" Institute of Nuclear Power Operations.
- 2.5 Policy Memorandum No. 25 Issuance, Control, and Usage of Radio Pagers.

## 3.0 DEFINITIONS AND ABBREVIATIONS

### 3.1 Definitions

- 3.1.1 Initial Notification - The transfer of information to designated organization(s)/person(s) following change of plant status from normal operations directly into any of the four emergency classifications or upon escalation to a higher emergency classification. This transfer of information is required to begin within fifteen minutes after declaration of the applicable emergency classification.



EXCEPTION: (1) The NRC, Bethesda, Maryland office and the Site Resident Inspector are to be notified within 1 hour of declaration of the event in accordance with Attachment IIA. 2) The American Nuclear Insurers (ANI) is to be notified within eight (8) hours of declaration of an Alert, Site Emergency, or General Emergency in accordance with Attachment IIB.

- 3.1.2 Follow-up Notification - The transfer of information to designated organization(s)/person(s) updating the initial notification. This transfer of information is required at 15 minute intervals following completion of initial or previous follow-up notifications.

EXCEPTIONS: Following initial notification of the NRC, an open communication line will be established and maintained to provide continuous updating to the NRC. Follow-up notifications are not required for the Unusual Event classification.

### 3.2 Abbreviations

- 3.2.1 TSC - Technical Support Center
- 3.2.2 OSC - Operations Support Center
- 3.2.3 EOF - Emergency Operations Facility
- 3.2.4 ED - Emergency Director
- 3.2.5 IED-Interim Emergency Director
- 3.2.6 E.O.C-Emergency Operations Center

### 4.0 PREREQUISITES and CONDITIONS

- 4.1 Unusual or abnormal plant or site conditions exist which necessitate implementation of the Emergency Plan and the applicable Emergency Classification has been declared.

### 5.0 PROCEDURE

#### 5.1 Initial Notifications

- 5.1.1 Upon declaration of the appropriate emergency classification, the ED/IED will direct the communicator to implement the appropriate notifications.

NOTE: Refer to EPP-016 Attachment II for personnel, by title, who should be the designated communicator.

- 5.1.2 The ED/IED will assure that the required information is available to effect prompt notification.

- 5.1.3 The communicator will, upon direction from the ED/IED, implement the initial notifications. The information in Attachment I is to be given to the personnel/agencies as listed in Attachments III A, III B, III C, or III D depending upon the classification of emergency.

NOTE: Attachments III, IV and V list alternates for various personnel. These notifications attempts are to be made in numerical sequence as indicated and will be considered complete upon successful notification of one of the listed.

## 5.2 Notifications for Change in Emergency Classification

NOTE: If classification change is made in the middle of a notifications sequence the communicator will terminate that notification sequence, and initiate the new notification for current status.

- 5.2.1 Upon escalation to a higher emergency classification, the communicator will, upon direction from the ED, implement notifications per the section of Attachment III which corresponds to the higher emergency classification, and Attachments IVA and IVB.

- 5.2.2 When the emergency classification is downgraded, the communicator will, upon direction from the ED, implement notifications per the section of Attachment VI which corresponds to the classification which is being changed.

### 5.3 Off-site Emergency Services

- 5.3.1 Upon direction from the ED/IED, the communicator will implement the requested notification(s) per Attachment V.
- 5.3.2 Upon direction from the ED/IED, the communicator will contact other utilities for assistance using the "INPO" Resource Guide, Reference 2.4.

NOTE: The Resource Guide is available in the TSC and EOF.

### 5.4 Follow-up Notifications

- 5.4.1 Follow-up notifications are required for all emergency classifications except Unusual Event.
- 5.4.2 The communicator will implement follow-up notifications. (The information in Attachment I and II is to be given to the personnel/agencies as listed in Attachments VI A, VI B, or VI C depending upon the emergency classification.)
- 5.4.3 Follow-up notifications will be made by the site communicator(s) until the EOF is activated and assumes all off-site notification responsibilities. Thereafter, the site communicator will transmit applicable updated information to the EOF as it becomes available.
- 5.4.4 Follow-up notifications to the Emergency Preparedness Division and the counties shall be made by the TSC or EOF Communicator until such time that the S.C. State. Forward EOC is staffed and communications are established. When the S.C. Forward E.O.C. is activated, all communications, between the plant and state and county agencies will go to the S.C. Forward E.O.C. via the dedicated phone line or established land line.

NOTE: All transfers of notification responsibilities shall be documented.

5.5 Vital Personnel Notification

- 5.5.1 The communicator will notify vital personnel as directed by the ED/IED per the Vital Personnel Telephone Listing available in the Control Room and the TSC or by radio pager as per Policy Memorandum No. 25.

5.6 TSC/OSC/EOF Communications

- 5.6.1 TSC-OSC - telephone list are provided in Attachment VII.
- 5.6.2 EOF - telephone list are provided in Attachment VIII.

- \_\_\_\_\_ (c) People living in zones \_\_\_\_\_ evacuate their homes and businesses.
- \_\_\_\_\_ (d) Pregnant women and children in zones \_\_\_\_\_ remain indoors with the doors and windows closed.
- \_\_\_\_\_ (e) Pregnant women and children in zones \_\_\_\_\_ evacuate to the nearest reception center.
- \_\_\_\_\_ (f) Other recommendations: \_\_\_\_\_
11. There will be:
- \_\_\_\_\_ (a) A followup message
- \_\_\_\_\_ (b) No further communications
12. I repeat, this message:
- \_\_\_\_\_ (a) Reports an actual emergency
- \_\_\_\_\_ (b) Is an exercise message
13. Are there any questions?

WARNING MESSAGE: NUCLEAR FACILITY TO STATE/LOCAL GOVERNMENT

Part I

1. This is the Summer Nuclear Station.

2. My name is \_\_\_\_\_

This message (number \_\_\_\_\_):

\_\_\_\_\_ (a) Reports a real emergency.

\_\_\_\_\_ (b) Is an exercise message.

_____	Initial
_____	Follow-up
_____	Time message given

4. My telephone number/extension is: \_\_\_\_\_ or \_\_\_\_\_

5. You may call back at the end of the message for verification.

6. The class of the emergency is: \_\_\_\_\_ (a) Notification of Unusual Event  
\_\_\_\_\_ (b) Alert  
\_\_\_\_\_ (c) Site Emergency  
\_\_\_\_\_ (d) General Emergency

7. This classification of emergency was declared at: \_\_\_\_\_ (a.m./p.m.) on \_\_\_\_\_ (date).

8. The initiating event causing the emergency classification is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. The emergency condition: \_\_\_\_\_ (a) Does not involve the release of radioactive materials from the plant.  
\_\_\_\_\_ (b) Involves the potential for a release, but no release is occurring.  
\_\_\_\_\_ (c) Involves a release of radioactive material.

10. We recommend the following protective action:

\_\_\_\_\_ (a) No protective action is recommended at this time.

\_\_\_\_\_ (b) People living in zones \_\_\_\_\_ remain indoors with the doors and windows closed.



Distance	Whole Body Rem/hour	Child Thyroid Rem/hour of inhalation
Site boundary		
2 miles		
5 miles		
10 miles		

WARNING MESSAGE: NUCLEAR FACILITY TO STATE/LOCAL GOVERNMENT

Part II (cont.)

\*Projected Integrated Dose in Rem per Unit Time\*

Distance	Whole Body	Child Thyroid
Site Boundary		
2 miles		
5 miles		
10 miles		

6. Field measurement of dose rate or contamination (if available): \_\_\_\_\_
7. Emergency actions underway at the facility include: \_\_\_\_\_
8. Onsite support needed from offsite organizations: \_\_\_\_\_
9. Plant Status:  
(a) Reactor is: not tripped/tripped  
(b) Plant is at \_\_\_\_% power/hot shutdown/cold shutdown/  
cooling down  
(c) Prognosis is: stable/improving/degrading/unknown.
10. I repeat, this message:  
\_\_\_\_\_(a) Reports an actual emergency.  
\_\_\_\_\_(b) Is an exercise message.
11. Do you have any questions?

INITIAL NOTIFICATION

UNUSUAL EVENT

<u>AGENCY/PERSONNEL</u>	<u>PAGER NUMBER</u>	<u>NORMAL</u>	<u>EASY ACCESS</u>	<u>SITE</u>	<u>PERSON NOTIFIED</u>	<u>TIME</u>
1. Management Duty Supervisors (per Duty Roster)						
1) Ollie Bradham						
2) John Connelly						
3) Lou Storz						
4) Ken Woodward						
5) Mel Browne						
6) Mike Quinton						
7) Vince Albert						
2. *S.C. Dept. of Health & Environmental Control, Bureau of Radiological Health						
3. *NRC						
4. Media Coord. (Mgr., Nuclear Info.)						
		<u>Home</u>		<u>Office</u>		
1) Becky McSwain						
2) 1st Alt. - W. M. Lide, Jr.						
5. Site Services Manager-Bob Stough						
6. Institute of Nuclear Power Operations (INPO)						
7. American Nuclear Insurers (ANI)						

See Attachment IVA of EPP-002 for NRC  
Initial Notification

See Attachment IVB of EPP-002 for ANI  
Notification

NOTIFICATIONS COMPLETE:

CALLER'S SIGNATURE

DATE

\*Dedicated Line Also Exists.

# INITIAL NOTIFICATION

## ALERT

AGENCY/PERSONNEL	PAGER NUMBER	NORMAL	EASY ACCESS	SITE	PERSON NOTIFIED	TIME
1. Management Duty Supervisors (per Duty Roster)						
1) Ollie Bradham						
2) John Connelly						
3) Lou Storz						
4) Ken Woodward						
5) Mel Browne						
6) Mike Quinton						
7) Vince Albert						
NOTE: To contact additional Emergency Response Personnel refer to Policy Memorandum No. 25.						
2. *S.C. Dept. of Health & Environmental Control, Bureau of Radiological Health				N/A		
3. *NRC	See Attachment IVA of EPP-002 for NRC Initial Notification					
4. Media Coord. (Mgr., Nuclear Info.)						
		<u>Home</u>		<u>Office</u>		
1) Becky McSwain						
2) 1st Alt. - W. M. Lide, Jr.						
5. Site Services Manager-Bob Stough						
6. Institute of Nuclear Power Operations (INPO)						
7. Fairfield Pumped Storage Facility						
8. American Nuclear Insurers (ANI)	See Attachment IVB of EPP-002 for ANI Notification					

NOTIFICATIONS COMPLETE:

CALLER'S SIGNATURE

DATE

\*Dedicated Line Also Exists.

INITIAL NOTIFICATION

"SITE EMERGENCY"

<u>AGENCY/PERSONNEL</u>	<u>PAGER NUMBER</u>	<u>NORMAL</u>	<u>EASY ACCESS</u>	<u>SITE</u>	<u>NAME OF PERSON NOTIFIED</u>	<u>TIME</u>
1. Management Duty Supervisors (per Duty Roster)						
1) Ollie Bradham						
2) John Connelly						
3) Lou Storz						
4) Ken Woodward						
5) Mel Browne						
6) Mike Quinton						
7) Vince Albert						

NOTE: To contact additional Emergency Response Personnel, refer to Policy Memorandum No. 25.

2. \*S.C. Dept. of Health & Environmental Control,  
Bureau of Radiological Health
3. \*NRC See Attachment IVA of EPP-002 for NRC Initial Notification Requirements
4. Media Coord. (Mgr., Nuclear Info.)
 

<u>Home</u>	<u>Office</u>
-------------	---------------

  - 1) Becky McSwain
  - 2) 1st Alt. - W.M. Lide, Jr.
5. Site Services Manager - Bob Stough
6. Institute of Nuclear Power Operations (INPO)
7. Fairfield Pumped Storage Facility
8. American Nuclear Insurers See Attachment IVB of EPP-002 for ANI Notification.

NOTIFICATIONS COMPLETE:

\*Dedicated Line Also Exists.

\_\_\_\_\_  
Caller's Signature

\_\_\_\_\_  
Date

INITIAL NOTIFICATION

"GENERAL EMERGENCY"

<u>AGENCY/PERSONNEL</u>	<u>PAGER NUMBER</u>	<u>NORMAL</u>	<u>EASY ACCESS</u>	<u>SITE</u>	<u>NAME OF PERSON NOTIFIED</u>	<u>TIME</u>
1. Management Duty Supervisors (per Duty Roster)						
1) Ollie Bradham					_____	_____
2) John Connelly					_____	_____
3) Lou Storz					_____	_____
4) Ken Woodward					_____	_____
5) Mel Browne					_____	_____
6) Mike Quinton					_____	_____
7) Vince Albert					_____	_____
NOTE: To contact additional Emergency Response Personnel, refer to Policy Memorandum No. 25.						
2. *S.C. Dept. of Health & Environmental Control, Bureau of Radiological Health					_____	_____
3. *NRC			See Attachment IVA of EPP-002 for NRC Initial Notification Requirements			
4. Media Coord. (Mgr., Nuclear Info.)			Home	Office		
1) Becky McSwain						
2) 1st Alt. - W.M. Lide, Jr.					_____	_____
5. Site Services Manager - Bob Stough					_____	_____
6. Fairfield Pumped Storage Facility					_____	_____
*Emergency Preparedness Division- Adjutant General's Office (State EOC)					_____	_____

\*Dedicated Line Also Exists.



INITIAL NOTIFICATION

"GENERAL EMERGENCY"

<u>AGENCY/PERSONNEL</u>	<u>NORMAL</u>	<u>EASY ACCESS</u>	<u>SITE</u>	<u>NAME OF PERSON NOTIFIED</u>	<u>TIME</u>
8. *Fairfield County				_____	_____
9..*Newberry County				_____	_____
10. *Richland County				_____	_____
11. *Lexington County				_____	_____
12. Institute of Nuclear Power Operations (INPO)				_____	_____
13. American Nuclear Insurers	See Attachment IVB of EPP-002 for ANI Notification.				

NOTIFICATIONS COMPLETE:

\_\_\_\_\_  
Caller's Signature

\_\_\_\_\_  
Dte

\*Dedicated Line Also Exists.

NRC ONE HOUR  
NOTIFICATION

The NRC shall be notified within 1 hour of Declaration of an  
Emergency in accordance with Pages 2 through 4 of this  
attachment.

- |   | <u>NORMAL</u>   | <u>EASY<br/>ACCESS</u> | <u>PERSON<br/>CONTACTED</u> |
|---|-----------------|------------------------|-----------------------------|
| 1. NRC - Bethesda, Md.  | Dedicated Phone | N/A                    | _____                       |
| a) Commercial telephone system to NRC Operations Center (Via<br>Bethesda Central Office). _____ |                 |                        |                             |
| b) NRC-Atlanta, Ga. _____   |                 |                        |                             |
| 2. NRC - Resident Inspector   |                 | _____ Yes _____ No     |                             |
| Jack Skolds   |                 |                        |                             |

or

\_\_\_\_\_  
CALLERS SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TIME

NRC ONE HOUR  
NOTIFICATION

A. Identification:

This is the Summer Nuclear Plant.

My name is \_\_\_\_\_.

Our phone number is \_\_\_\_\_.

B. Event Classification:

We are now in a(n) \_\_\_\_\_  
EVENT CLASSIFICATION  
which was declared at \_\_\_\_\_  
TIME

C. DESCRIPTION:

What Happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cause: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Consequences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Actions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Status: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. LICENSEE NOTIFICATIONS: (What notifications have been made.)

STATE(S) _____	LICENSEE MANAGEMENT _____
LOCAL _____	OTHER _____
NRC RESIDENT _____	OTHER _____

E. PRESS RELEASE: Has a press release been made or planned? Yes \_\_\_ No \_\_\_

NRC ONE HOUR NOTIFICATION

Part II-Complete for all ALERT, SITE AREA, and GENERAL emergencies

Licensee Actions:

Taken \_\_\_\_\_  
Planned \_\_\_\_\_  
Property Damage \_\_\_\_\_

Radioactivity Released (or Increased Release):

Liquid/Gas? \_\_\_\_\_ Location/Source of Release \_\_\_\_\_ Elevation \_\_\_\_\_  
Release Rate \_\_\_\_\_ Duration \_\_\_\_\_ Stopped? \_\_\_\_\_  
Release Monitored? \_\_\_\_\_ Amount of Release \_\_\_\_\_  
% Tech. Specs. \_\_\_\_\_

Increased Radiation Levels in a Plant: Location(s) \_\_\_\_\_  
Radiation level(s) \_\_\_\_\_ Areas Evacuated \_\_\_\_\_  
Maximum site boundary dose rates \_\_\_\_\_ Location \_\_\_\_\_  
Integrated dose \_\_\_\_\_ Location \_\_\_\_\_

Meteorology:

Wind Direction from \_\_\_\_\_  
Wind Speed \_\_\_\_\_ (Meter/sec or miles/hr)  
T \_\_\_\_\_ (°C or °F) Temperature \_\_\_\_\_ (°C or °F)  
Stability Class A B C D E F G  
Raining (Yes/No) \_\_\_\_\_

<u>Projected Peak:</u>	<u>Dose Rates</u>	<u>Integrated Dose</u>
2 mi	_____ (WB/I)	_____ (WB/I)
5 mi	_____ (WB/I)	_____ (WB/I)
10 mi	_____ (WB/I)	_____ (WB/I)
Sectors	_____ (WB/I)	_____ (WB/I)

Contamination (Surface): inplant \_\_\_\_\_ onsite \_\_\_\_\_ offsite \_\_\_\_\_

Reactor Operations:

Reactor System Status \_\_\_\_\_ Power Level \_\_\_\_\_  
Pressure \_\_\_\_\_ Temp \_\_\_\_\_ Flow (pumps on) \_\_\_\_\_  
Cooling Mode \_\_\_\_\_ ECCS Operating/Operable \_\_\_\_\_

Containment Status

Containment Isolated? \_\_\_\_\_ Containment Temp \_\_\_\_\_  
Containment Press \_\_\_\_\_ Containment Radiation \_\_\_\_\_ R/hr.  
Leak Rate \_\_\_\_\_ R/hr.

Reactivity Control

Control Rods Inserted \_\_\_\_\_ Status of Emer. Boration System \_\_\_\_\_

INCIDENT NOTIFICATION INFORMATION  
Part II

Steam Plant Status:

S/G Levels \_\_\_\_\_ Equip. Failures \_\_\_\_\_

Feedwater Source/Flow \_\_\_\_\_ S/G Isolated? \_\_\_\_\_

Electrical Dist. Status:

Normal Offsite Power \_\_\_\_\_ Available? \_\_\_\_\_

Major Busses/Loads Lost \_\_\_\_\_

D/G Running? \_\_\_\_\_ Loaded? \_\_\_\_\_

Security/Safeguards:

Bomb Threat: Search Conducted? \_\_\_\_\_

Search Results \_\_\_\_\_ Site Evacuated? \_\_\_\_\_

Extortion: Source (Phone, letter, etc.)? \_\_\_\_\_

Location of Letter \_\_\_\_\_

Intrusion: Insider? \_\_\_\_\_ Outsider? \_\_\_\_\_

Furthest Point of Intrusion \_\_\_\_\_

Fire arms related? \_\_\_\_\_ Stolen/Missing Material? \_\_\_\_\_

Demonstration: Size of Group \_\_\_\_\_ Demands \_\_\_\_\_

Violence? \_\_\_\_\_ Fire arms related? \_\_\_\_\_

Sabotage/Vandalism: Radiological? \_\_\_\_\_ Arson Involved? \_\_\_\_\_

Stolen/Missing Material? \_\_\_\_\_

EPP-002  
ATTACHMENT IVB  
PAGE 1 OF 3  
REVISION 5

ANI EIGHT HOUR NOTIFICATION

ANI is to be notified within eight (8) hours of the declaration of an Alert, Site Emergency, or General Emergency in accordance with pages 2 and 3 of this attachment.

American Nuclear Insurers (ANI) Phone No. (203)-677-7305  
Easy Access 019

Person Contacted \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_

Callers Signature \_\_\_\_\_



ANI NOTIFICATION

- (1) This is \_\_\_\_\_  
(Name) (Title)
- (2a) \_\_\_\_\_ This is a drill
- (2b) \_\_\_\_\_ This is NOT a drill
- (3) I am notifying you of an accident at the V. C. Summer Nuclear  
Station which occurred at: \_\_\_\_\_  
(Date) (Time)
- (4) This emergency is classified as a \_\_\_\_\_.
- (5) Description of event: \_\_\_\_\_  
\_\_\_\_\_
- (6) Radiation Release \_\_\_\_\_ Yes \_\_\_\_\_ No.  
(If yes, complete 6a through 6j)
- (6a) Type of Actual Release or Type of Projected Release: \_\_\_\_\_
- (6b) Estimation of Duration of Public Impact: \_\_\_\_\_
- (6c) Release Rate: (6a) Noble Gas \_\_\_\_\_ (6b) \_\_\_\_\_  
(6c) Release Height \_\_\_\_\_
- (6d) Meteorological Conditions: (6a) Wind Speed (mph) \_\_\_\_\_  
(6b) Wind Direction (blowing to) \_\_\_\_\_  
(6c) Stability Class \_\_\_\_\_  
(6d) Precipitation \_\_\_\_\_
- (6e) Projected Dose At: Site Boundary 2 Miles 5 Miles 10 Miles
- (6f) Dose Rate--Whole Body (10A) \_\_\_\_\_ (10B) \_\_\_\_\_ (10C) \_\_\_\_\_ (10D) \_\_\_\_\_
- (6g) Integrate Whole Body Dose  
(\_\_\_\_ hour projection) (11A) \_\_\_\_\_ (11B) \_\_\_\_\_ (11C) \_\_\_\_\_ (11D) \_\_\_\_\_
- (6h) Dose Rate--Thyroid (12A) \_\_\_\_\_ (12B) \_\_\_\_\_ (12C) \_\_\_\_\_ (12D) \_\_\_\_\_
- (6i) Integrated Infant Thyroid  
(\_\_\_\_ hour projection) (13A) \_\_\_\_\_ (13B) \_\_\_\_\_ (13C) \_\_\_\_\_ (13D) \_\_\_\_\_
- (6j) Sectors Affected (14A) \_\_\_\_\_ (14B) \_\_\_\_\_ (14C) \_\_\_\_\_ (14D) \_\_\_\_\_

ANI NOTIFICATION

(7) Injured Personnel \_\_\_\_\_ Yes \_\_\_\_\_ No.  
(if yes, complete 7a through 7d)

(7a) Number of injured personnel \_\_\_\_\_

(7b) \_\_\_\_\_ Is \_\_\_\_\_ Is Not Radioactively Contaminated

(7c) Injury Description: \_\_\_\_\_  
\_\_\_\_\_

(7d) Requires Transportation to off-site Medical Facility  
\_\_\_\_\_ Yes \_\_\_\_\_ No.

(8) Off-Site Emergency Assistance/Actions Requested  
\_\_\_\_\_ Yes \_\_\_\_\_ No.

(If yes, complete 8a through 8c)

Yes/No

Reason

(8a) \_\_\_\_\_ Law Enforcement \_\_\_\_\_

(8b) \_\_\_\_\_ Fire Departments \_\_\_\_\_

(8c) \_\_\_\_\_ Hospital Facilities \_\_\_\_\_

(9) Public evacuation required Yes \_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_ Not at this time

(9a) If "Yes" or "Not at this time", affected sectors \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# OFF-SITE EMERGENCY SERVICES

AGENCY/PERSONNEL	PHONE	NAME OF PERSON NOTIFIED	TIME
<b>A. Company Physicians (Pinner Clinic)</b>			
1) Carrol A. Pinner III M.D. - Primary		(24 hrs.)	
2) Carrol A. Pinner Jr. M.D. - 1st Alternate			
3) Harriet E. Pinner, M.D. - 2nd Alternate			
<b>B. Hospital Facilities</b>			
1) Richland Memorial Hospital			
Give the following information:			
This is the Virgil C. Summer Nuclear Station.			
This is a Drill _____ This is not a Drill _____			
We have _____ contaminated/non-contaminated injured person being transported to your facility.			
2) Radiation Emergency Assistance			
Center Training Site (Reacts)			
24 hour			
<b>C. Ambulance Service</b>			
1a) Emergency Medical Services of Fairfield County			
1b) Alert MAST for standby transportation.			
2) U.S. Army MAST Operations			

NOTE: Alert Security of Emergency Vehicle arrival as soon as request(s) for Off-Site Emergency Services are completed.

Ext.  
or

OFF-SITE EMERGENCY SERVICES

AGENCY/PERSONNEL	PHONE	NAME OF PERSON NOTIFIED	TIME
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Give the following information for items 1a and 2 above.

This is a Drill \_\_\_\_\_ This is not a Drill \_\_\_\_\_

We have \_\_\_\_\_ contaminated/non-contaminated injured person(s) requiring transportation to Richland Memorial Hospital. (The ambulance must enter the site via the main gate, using (denote route to be taken) or the helicopter should land at the primary landing pad (denote route to be taken)

D. NSSS Supplier/A.E.

Title	Name	Office	Home	HHL
1. Site Service Manager	Bob Stough			
Notes: (1) The area code of the above phone numbers is (2) The phone beeper number is				
2. Operating Plant Service Manager	John Miller			
1st Alternate	Tim Sullivan			
2nd Alternate	Rich Faix			
3. Service Response Manager	Tom Milto			
1st Alternate	Bob Stokes			
2nd Alternate	John Miller			
4. Emergency Response Director	Tom Anderson			
5. Emergency Response Deputy Director	Ron Lehr			
6. Emergency News Communications	Mike Mangan			

Note: Unless indicated otherwise, all phone numbers are area code \_\_\_\_\_ Where an area code other than \_\_\_\_\_ is shown, it applies to the office, home, and HHL numbers

2) GAI

(Normal Working Hours)

OFF-SITE EMERGENCY SERVICES

<u>AGENCY/PERSONNEL</u>	<u>PHONE</u>	<u>NAME OF PERSON NOTIFIED</u>	<u>TIME</u>
E. Fire Services			
1) Fairfield County Fire Services			
Give the following information:		_____	_____
This is the Virgil C. Sumner Nuclear Station.			
This is a Drill _____ This is not a Drill _____			
We request fire fighting assistance at the Sumner Nuclear Station. The fire truck must enter via the main gate, using (denote route to be taken)			
F. Local Law Enforcement		or _____	_____
(off-normal hours)			
G. National Weather Service (Backup to Lead Dispatcher for weather information).			
1) Columbia -			
2) Greer -			

CALLER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOLLOWUP NOTIFICATION

ALERT

<u>AGENCY/PERSONNEL</u>	<u>NORMAL</u>	<u>EASY ACCESS</u>	<u>NAME OF PERSON NOTIFIED</u>	<u>TIME</u>
1.* S.C. Dept of Health & Environmental Control, Bureau of Radiological Health			_____	_____

Notifications complete: \_\_\_\_\_  
Caller's Signature Date

\*Dedicated Line Also Exists.



## FOLLOWUP NOTIFICATION

## SITE EMERGENCY

<u>AGENCY/PERSONNEL</u>	<u>NORMAL</u>	<u>EASY ACCESS</u>	<u>SITE</u>	<u>CALLERS SIGNATURE</u>	<u>NAME OF PERSON NOTIFIED</u>	<u>TIME</u>
1.* S.C. Dept of Health & Environmental Control, Bureau of Radiological Health			N/A			

Notifications complete: \_\_\_\_\_  
 \_\_\_\_\_ Caller's Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: When the State Forward EOC is established the State BRH will move their operation to the State Forward EOC and communication will be via the State Forward E.O.C. Dedicated Phone Line.

\*Dedicated Line Also Exists.

FOLLOWUP NOTIFICATION

GENERAL EMERGENCY

<u>AGENCY/PERSONNEL</u>	<u>NORMAL</u>	<u>EASY ACCESS</u>	<u>NAME OF PERSON NOTIFIED</u>	<u>TIME</u>
1.* S.C. Dept of Health & Environmental Control, Bureau of Radiological Health			_____	_____
The following notifications shall be made by the TSC or EOF Communicator until such time that the S.C. State forward EOC is staffed.				
2.* Emergency Preparedness Division Adjutant General's Office			_____	_____
3.* Fairfield County			_____	_____
4. Jewberry County			_____	_____
5.* Richland County			_____	_____
6.* Lexington County			_____	_____
Notifications complete: _____				
Caller's Signature			Date	

NOTE: When the State Forward EOC is established the State BRH will move their operation to the State Forward EOC and communication will be via the State Forward E.O.C. Dedicated Phone Line.

\*Dedicated Line Also Exists.

TSC/OSC EMERGENCY TELEPHONE LIST

00 Nuclear Regulatory Commission (NRC Area and E.O.A)

001 Nuclear Regulatory Commission

002 Nuclear Regulatory Commission

TSC Display Room

TSC Display Room

Dose Assessment Area

Technical Support Engineers

Technical Support Center Communicators

Technical Support Engineers

Assistant Manager, Support Services-Vince Albert

Security Supervisor-John Sefick

Telecopier Phone to EOF

Radiation Monitoring Teams

Data Logger

Radiological Assessment Supervisor-L.A. Blue

Assistant Manager, Technical Support-M. Browne

Emergency Director

Emergency Operations Area- General Use

Westinghouse (NSSS)

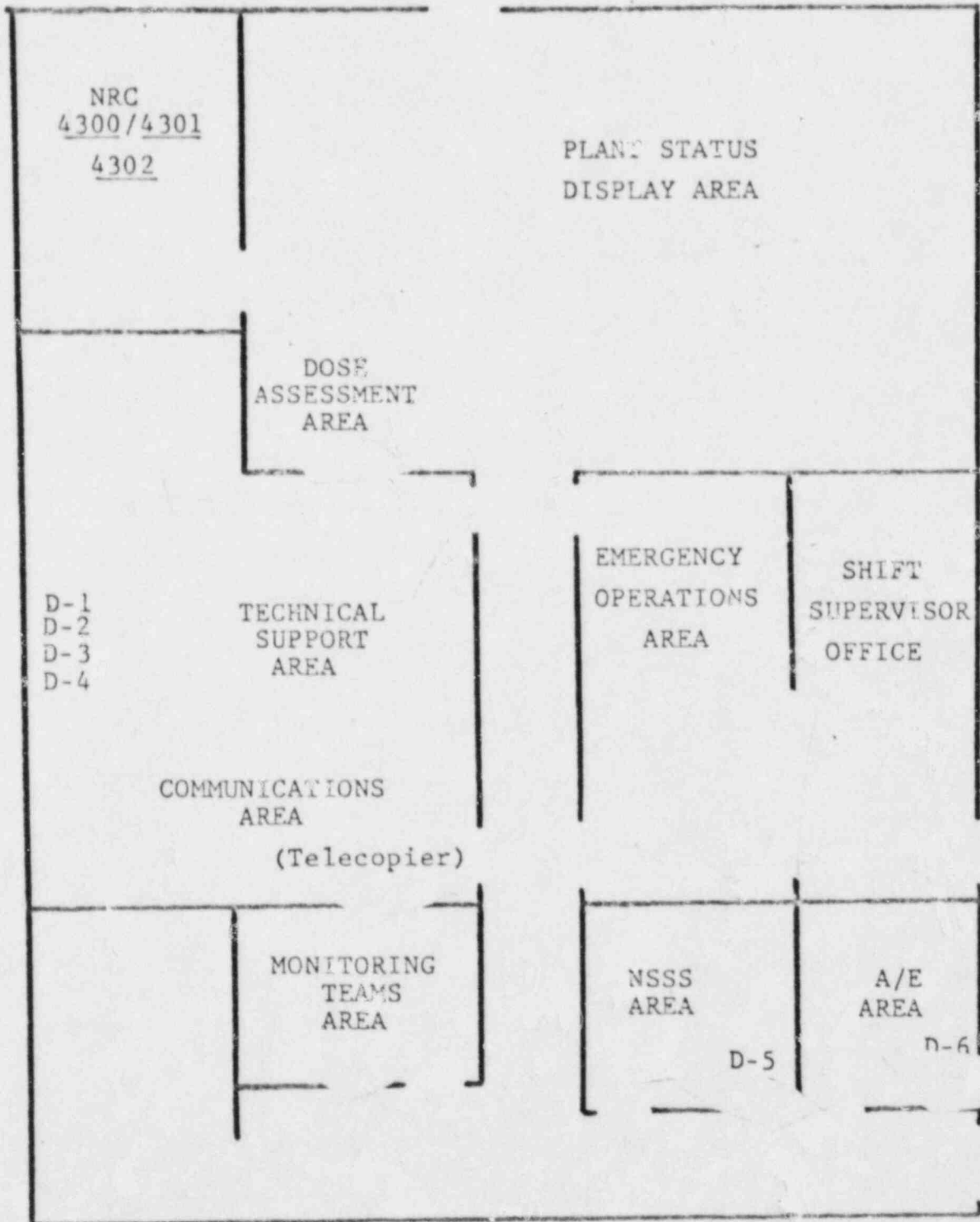
GAI (A/E)

OSC

OSC

TECHNICAL SUPPORT CENTER

EPP-002  
ATTACHMENT VII  
PAGE 2 of 2  
REVISION 5



OFF-SITE EMERGENCY TELEPHONE LIST

1. COMMAND CENTER

Emergency Operations Facility

EOF-Media Coordinator (R. McSwain)

EOF-Emergency Control Officer (O.W. Dixon)

EOF-Offsite Radiological Monitoring  
Coordinator (B. Baehr)

EOF-Security Coordinator (J. Harrison)

EOF-General Services Coordinator (J. Bailey)

EOF-Construction/Repair Coordinator (J. Woods)

EOF-Technical Support Coordinator  
(M. Whitaker)

EOF-TSC/EOF Dedicated Phone

2. TECHNICAL SUPPORT AREA

EOF-Technical Support Engineers

EOF-Technical Support Engineers/Telecopier

3. OFFSITE RADIOLOGICAL MONITORING AREA

EOF-Offsite Rad. Monitoring

EOF-Offsite Rad. Monitoring

EOF-Offsite Rad. Monitoring

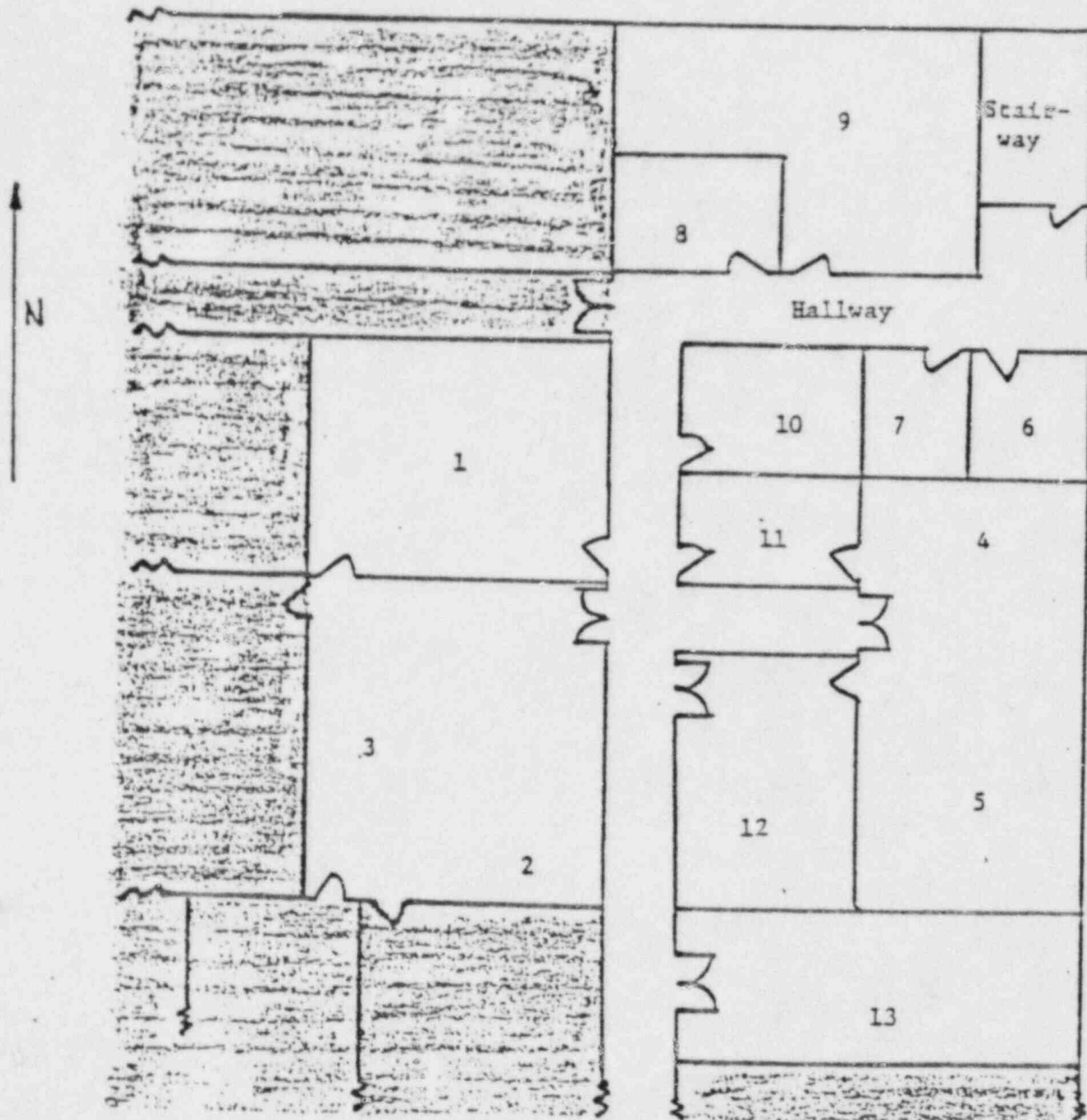
4. GENERAL SERVICES AREA

EOF-General Services Personnel

EOF-General Services Personnel

EOF-General Services Telecopier

EMERGENCY OPERATIONS FACILITY LAYOUT



- 1 - COMMAND CENTER (Room 144)
- 2 - TECHNICAL SUPPORT AREA (Room 145)
- 3 - OFFSITE RADIOLOGICAL MONITORING AREA (Room 145)
- 4 - GENERAL SERVICES AREA (Room 138)
- 5 - CONSTRUCTION/REPAIR AREA (Room 138)
- MEDIA AREA (Room 141)

- 7 - LOCAL GOVERNMENT AREA (Room 142)
- 8 - STATE GOVERNMENT AREA (Room 124)
- 9 - NRC AREA (Room 122)
- 10 - CONFERENCE ROOM (Room 143)
- 11 - COMMUNICATIONS AREA (Room 140)
- 12 - REPRODUCTION AND RECORDS STORAGE AREA
- 13 - STORAGE AREA

OFF-SITE EMERGENCY TELEPHONE LIST

Emergency Operations Facility

10. COMMUNICATIONS AREA

EOF-Emergency Communicator

11. SECURITY CONTROL POINTS

EOF-Hallway Area

EOF-North Entrance



OFF-SITE EMERGENCY TELEPHONE LIST

Emergency Operations Facility

5. CONSTRUCTION/REPAIR AREA

EOF-Construction Personnel

EOF-Construction Personnel

6. MEDIA AREA

EOF-Company Media Personnel

EOF-Company Media Personnel

EOF-Company Media Personnel

7. LOCAL GOVERNMENT AREA

EOF-Local Government Officials

EOF-Local Government Officials

EOF-Local Government Officials

8. STATE GOVERNMENT AREA

EOF-State Government Officials

EOF-State Government Officials

9. NRC AREA

EOF-NRC Officials

EOF-NRC Officials

EOF-NRC Officials

EOF-NRC Officials